



# COMMUNITY COMPENSATION PROGRAM MEMBER ACKNOWLEDGMENT

## Working Together for Safer Communities

I, \_\_\_\_\_ acknowledge that I serve voluntarily on the  
(Community member)

\_\_\_\_\_ with the Department of Corrections, Washington state.  
(Workgroup/Project name)

I understand that I am not a Washington state employee and am not entitled to benefits or wages. I am receiving stipends and reimbursements when voluntarily attending official meetings and participating in other statutorily approved activities in a class one workgroup as described in [RCW 43.03.220](#) and [Washington state's Community Compensation guidelines](#).

I understand that the purpose of these stipends and reimbursements is to reduce barriers to my participation because Washington state believes that removing financial barriers for individuals directly impacted by public policy fosters increased access to government and enriches public policy discussions and decisions, ultimately leading to more equitable and sustainable policy outcomes.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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